

<b>Case Number:</b>	CM15-0016624		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 60 year old female, who sustained an industrial injury, May 11, 2010. According to progress note of December 22, 2014, the injured workers chief complaint was low back pain that radiated down the left lower extremity. The pain was accompanied by numbness with frequent in the bilateral lower extremities and tingling frequently in the bilateral lower extremities to the level of the feet. The pain was aggravated by activity and walking. The injured also complained of muscle spasms. The injured worker rated the pain at 5-6 out of 10 with medication den 8-10 with our pain medication; 0 being no pain and 10 being the worse pain. The injured worker reported activity of daily living limitations. The pool therapy decreased pain and increased activities of daily living. The physical exam noted spasms of the lumbar spine. Pain significantly decreased the injured workers ability of range of motion and positive for left radicular pain at 50 degrees. Tenderness was also noted with palpation of the left knee. The progress note of September 29, 2014 noted the injured worker had a therapeutic lumbar epidural steroid injection with a positive response on the previous visit. The injured worker was diagnosed with L2-L3 and L4-L5 mild bilateral neural foraminal narrowing, L5-S1 moderate to severe left and moderate right neural foraminal narrowing, annular tear a L5-S1, early disc desiccation was noted at L2-L3, L3-L4 and L4-L5 levels, disc protrusion at L2-L3, L3-L4, L4-L5 and L5-S1 and Grade 1 retrolisthesis of L5 over S1, lumbar radicular syndrome, internal derangement of the left knee, cervical radiculopathy syndrome, degenerative joint disease of the cervical spine with protrusion of C3-C4, C4-C5 and C5-C6. The injured worker previously received the following treatments pool therapy, MRI of the lumbar spine, home exercise

program, progressive walking, Gabapentin, Tizanidine, Tramadol and Butrans and therapeutic lumbar epidural steroid injection with a positive response. December 2, 2014, the primary treating physician requested authorization for an outpatient second lumbar epidural injection for continued pain management of the lumbar spine. On January 2, 2015, the UR denied authorization for an outpatient second lumbar epidural injection. The denial was based on the MTUS/ACOEM and ODG guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Outpatient second lumbar epidural injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 46.

**Decision rationale:** Epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction in the need for surgery. Guidelines do not recommend epidural injections for back pain without radiculopathy which is corroborated by physical exam and imaging studies.. The clinical information provided did not indicate radicular pain and imaging studies did not document neurological impingement. Thus, the requested epidural injection is not medically necessary and appropriate.